

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315249</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN PARK CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>499 PINE BROOK ROAD LINCOLN PARK, NJ 07035</b>		
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F 000	INITIAL COMMENTS  DATE: 11/16/20  CENSUS: 430  SAMPLE: 36 (plus 3 closed records)  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		12/10/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/02/2020

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	<p>Continued From page 1</p> <p>rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of medical records, it was determined that the facility failed to develop a person-centered comprehensive care plan to address the nutrition status for 1 of 4 residents (Resident #400) for a total of 7 months.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/6/20 at 9:40 AM, the surveyor observed Resident #400 in bed, awake, restless. On the overbed table, next to the resident's bed, was a towel covered with food. The resident did not appear to be thin.</p> <p>A review of the resident's Face Sheet, an admission summary, indicated that the resident had diagnoses which included but were not limited to [REDACTED] and [REDACTED]</p>	F 656	<p>Element One</p> <p>Resident #400 was re-assessed and a nutrition care plan was immediately implemented to address the nutritional needs of the Resident. The RD received counseling and re-education stressing the need to address the nutritional needs of each resident on admission and periodically throughout their stay. The care plan must be individualized and should focus on food preferences, nutrition risk factors if any and the nutritional needs of each resident.</p> <p>Element Two</p> <p>All residents have the potential to be affected by this practice</p> <p>Element Three</p> <p>The facility dieticians received</p>		

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F 656	<p>Continued From page 2</p> <p>[REDACTED]</p> <p>A review of the resident's individualized care plan revealed no care plan was initiated for the resident's nutrition.</p> <p>A review of the [REDACTED] Comprehensive Minimum Data Set (CMDs), an assessment tool used to facilitate care management, revealed a Brief Interview for Mental Status (BIMS) score of [REDACTED] and that the resident's cognitive skills for daily decision making was a score of [REDACTED] which means modified independence and reflected some difficulty in a new situation. The CMDs noted that Resident #400 was coded for a therapeutic diet, and the weight was [REDACTED] pounds (lbs). The CMDs indicated that there was no significant weight loss noted.</p> <p>A review of the Quarterly MDS dated [REDACTED] showed that the resident's weight was [REDACTED] lbs, and there was no significant weight loss noted. The resident was coded for a therapeutic diet.</p> <p>A review of the Quarterly Nutrition Review (QNR) by the Dietician dated [REDACTED] showed that Resident #400 was on a regular, low-fat diet. The QNR indicated that the resident's percentage meal intake was [REDACTED], 10/1/2020 weight was [REDACTED] lbs, and with [REDACTED] weight loss in [REDACTED] days.</p> <p>Furthermore, the 10/19/2020 QNR revealed that the resident had mostly good food and fluid intake, had no significant weight changes, with body mass index (BMI, is a screening tool that can indicate whether a person is underweight or if they have a healthy weight) of [REDACTED] which means that the resident was overweight.</p>	F 656	<p>re-education about the need to develop a nutrition care plan for each resident on admission and to periodically review and update the care plan as appropriate. Education included the development of individualized care plans that address both strengths as well as weaknesses.</p> <p>The interdisciplinary team received re-education to ensure each resident has an individualized nutrition care plan as part of the interdisciplinary care plan that is reviewed and updated a minimum of quarterly or more often if needed.</p> <p>Element Four</p> <p>The RD will review a sample of 15 charts each month for six months to include new admissions to ensure that a nutrition care plan is developed on admission and periodically updated a minimum of quarterly. Findings of these audits will be presented at the quarterly QAPI meeting by the RD and will serve as the basis for further action as appropriate.</p>		

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F 656	<p>Continued From page 3</p> <p>On 11/12/2020 at 10:20 AM, the Dietician informed the surveyors, "I don't need to care plan the resident because the resident had no significant weight loss even though she had weight change trending." She further indicated that was the reason Resident #400 had no Nutrition care plan. The Dietician stated that she does not care plan residents who were on a therapeutic diet. She further noted that the resident had [REDACTED] behavior, appetite was good, and the BMI reflected that the resident was overweight.</p> <p>On 11/12/20 at 11:06 AM, the Registered Nurse/MDS Coordinator (RN/MDSC) informed the surveyor that it was Dietician's responsibility to initiate and update the Nutrition care plan quarterly and as needed when there was a change in resident's weight status. The RN/MDSC stated that the care plan should include goals, interventions, and risks to prevent a decline in the resident's condition.</p> <p>On that same date and time, the RN/MDSC stated that the care plan should have been initiated when the CMDS was done on [REDACTED]</p> <p>On 11/12/20 at 1:33 PM, the survey team met with the Administrator and the Director of Nursing (DON) and were made aware of the concerns.</p> <p>On 11/13/20 at 9:26 AM, the DON informed the surveyors that the resident should have a Nutrition care plan. The DON stated that the resident was seen by the [REDACTED] doctor and the Speech Therapist before due to [REDACTED], and it was identified that it was more as behavior, not medical, and there was no swallowing problem.</p>	F 656			

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F 656	Continued From page 4  A review of the facility's Nutritional Assessment Policy with a revised date of 12/2011, provided by the DON, reflected that "Once current conditions and risk factors for impaired nutrition are assessed and analyzed, individual care plans will be developed that address or minimize to the extent possible the resident's risks for nutritional complications. Such interventions will be developed within the context of the resident's prognosis and personal preferences."  NJ 8:39-11.2 (e)(1)	F 656			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and	F 880		12/10/20	

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F 880	<p>Continued From page 5</p> <p>procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>by: Based on observation, interview, and record review, it was determined that the facility failed to ensure proper infection control practices were followed during a [REDACTED] treatment observation for 1 of 2 residents, Resident #245.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/6/20 at 8:42 AM, the Licensed Practical Nurse (LPN) informed the surveyor that Resident #245 had a facility acquired [REDACTED] to their [REDACTED]. The LPN further stated that there was a preventative treatment before the development of [REDACTED] that were in place and was being seen by a [REDACTED] doctor every [REDACTED]. She indicated that the resident's wound was unavoidable because the resident had [REDACTED] and was on [REDACTED]</p> <p>On 10/29/19 at 8:07 AM, the surveyor observed Resident#245 seated in bed. The resident informed the surveyor that the nurse does [REDACTED] treatment to their [REDACTED] every day, and it was getting better.</p> <p>A review of the resident's Face sheet, an admission summary, indicated that the resident had diagnoses which included but not limited to [REDACTED]</p> <p>A review of the Quarterly Minimum Data Set (QMDS), an assessment tool used to facilitate care management, dated [REDACTED], indicated a Brief Interview for Mental Status (BIMS) score of [REDACTED] which reflected that the resident's cognition was moderately impaired. The QMDS also showed that the resident had an [REDACTED]</p>	F 880	<p>Element One</p> <p>The LPN who provided [REDACTED] care to Resident #245 was counseled and re-educated about the proper procedures to perform hand hygiene whenever changing gloves or whenever touching possibly contaminated surfaces or objects. Resident #245 received [REDACTED] care without incident.</p> <p>A dressing change competency was completed on the identified LPN.</p> <p>Element Two</p> <p>All residents receiving wound care from this LPN had the potential to be affected by this practice.</p> <p>Element Three</p> <p>Licensed nursing staff received re-education about proper hand hygiene including washing hands or use of ABHR as appropriate after every change of gloves and after touching possibly contaminated objects or surfaces.</p> <p>Hand washing competencies are completed for licensed nursing staff on hire and annually to re-enforce proper procedure, especially during [REDACTED] care.</p> <p>Element Four</p> <p>The Assistant Director of Nursing/Designee will conduct random observations of [REDACTED] treatments by</p>		

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F 880	<p>Continued From page 7</p> <p>██████████</p> <p>A review of the Physician's Orders dated ██████████ showed an order to cleanse affected site to ██████████ with ██████████ pat to dry, apply ██████████, and ██████████), and ██████████ dressing), and cover with a foam dressing daily at 9 AM.</p> <p>On 11/10/20 at 8:25 AM, the surveyor observed the LPN perform a ██████████ treatment on Resident#245. She was assisted by a Certified Nursing Assistant and the Registered Nurse/Supervisor.</p> <p>At that time, the LPN, after reading the treatment orders, washed her hands, donned gloves, sanitized the table, and removed her gloves. The LPN then changed a new pair of gloves without performing hand hygiene. The LPN with the same gloves then took the 4x4 gauze, tongue depressor, ██████████ ointment poured into a plastic medicine cup, pre-cut ██████████, and a foam boarder dressing from the treatment cart and placed into a white barrier on top of the sanitized table.</p> <p>Upon entering the resident's room, the LPN placed the table with treatment supplies near the ██████████ of the resident's bed. After removing the old ██████████ dressing, the LPN performed hand hygiene and donned a new pair of gloves. The LPN cleansed the left heel. The LPN then, without changing gloves and performing hand hygiene, touched the table's clean surface to use the tongue depressor to get the ██████████ ointment and spread it to the ██████████ pre-cut gauze then applied directly to the ██████████.</p>	F 880	<p>LPNs monthly for the next three months to ensure proper hand hygiene is done when treatments are provided. Findings will be presented at the quarterly QAPI meeting by the Assistant Director of Nursing and discussed with the Infection Control preventionist. Additional audits will be completed if needed based on the findings.</p>		



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F 880	<p>Continued From page 8</p> <p>The LPN then washed her hands, donned a new pair of gloves, took a pen from her uniform pocket, signed the foam boarder dressing on top of the table, and applied it to the resident's [REDACTED]. The LPN did not clean her pen before and after using it and immediately put it back in her uniform pocket.</p> <p>The [REDACTED], no odor, and no signs of infection.</p> <p>After the [REDACTED] treatment, the LPN performed hand washing and signed the Treatment Administrator Record with the pen that the LPN took from her uniform pocket without cleaning the pen before and after it was used.</p> <p>On 11/20/20 at 9:02 AM, the LPN informed the surveyor that hand washing should be done before and after removing gloves and for at least 30 seconds. She stated that she should have washed her hands after cleaning the resident's [REDACTED] and changed her gloves before applying [REDACTED] ointment to the resident's [REDACTED]. She further stated that she should have wiped her pen with alcohol before and after use.</p> <p>On that same date and time, the LPN informed the surveyor that the resident's [REDACTED] was the same because it was still [REDACTED].</p> <p>On 11/12/20 at 1:33 PM, the survey team met with the Administrator, Director of Nursing (DON), and discussed the above observations and concerns. The DON stated that hand hygiene should be done after glove removal. She further noted that the LPN's pen should have been wiped down with alcohol before and after each use.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>On 11/13/20 at 9:26 AM, the DON stated that the LPN acknowledged the above concerns with hand hygiene, the use of gloves, and cleaning the pen before and after use.</p> <p>A review of the facility policy for Handwashing/Hand Hygiene revised 6/2010, provided by the DON, indicated that "Employees must wash their hands for at least 20 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: before and after changing a dressing; after removing gloves or aprons; and the use of gloves does not replace handwashing/hand hygiene."</p> <p>A review of the facility policy for Treatment Observation revised 7/21/2010, provided by the DON, indicated that, "to wear gloves when removing soiled dressing; discard gloves and dressing; washes hands if the dressing is soaked with drainage/discharge; wear another pair of gloves when cleansing or irrigating [REDACTED] discard the second pair of gloves after cleansing of a wound is finished; wash hands."</p> <p>A review of the Centers for Disease Control and Prevention's (CDC) Hand Hygiene Guideline for Healthcare Providers, last updated 3/24/17, revealed that hand hygiene must be performed after glove removal.</p> <p>NJAC 8:39-19.4 (a) (1)</p>	F 880			